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THE USE AND ABUSE OF CALOMEL.

[Concluded from page 344.]

SOME few years since, we were called to see a patient, whom we found, as he said, with "*very unpleasant and singular feelings.*" He compared his sensations to "*one packed full of dry bran,*" stating that he had just taken the eighth of ten doses which had been left for him by a regular physician, a specimen of which he presented. Upon examination it proved to be calomel; and, submitted to the balance, weighed sixty grains, the whole of which eight doses was then in his stomach, as no action had taken place from that organ or the bowels. This patient perfectly recovered, without ulceration, loss of jaw bones or any other disfigurement. Although such prescriptions are shamefully unpardonable and unjustifiable, and richly deserve the unqualified reprobation of every regular member of the profession; yet they show that calomel has been grossly slandered by its enemies, and not esteemed very highly by some of its friends; for it has, no doubt, been many times blamed for producing symptoms which were justly attributable to the disease for which it was prescribed.

We were once in consultation in a case of some three years' standing. The patient exhibited the following symptoms: extreme emaciation, protuberances, thickening and perforation of the frontal and parietal bones, ulcerations over the frontal sinuses, in the throat and nose, the latter of which was greatly disfigured; "rotten jaws," foul breath, enlargement of the joints, intolerable pain and perfect mental prostration. The history of the case developed these facts:—that he had contracted a disease for which he had been twice salivated; the first time with some amelioration of his symptoms—the last, more than a year since, without benefit, and with an aggravation of all his sufferings. For the last six months he had been under a course of iodine and sarsaparilla, for mercurial disease, but without benefit; his disease was steadily progressing. He was now put upon a course of proto-iodide of mercury with sarsaparilla, which was perseveringly continued; in ten weeks his ulcers were nearly healed, and in ten months the thickening and enlargement of the bones had disappeared, leaving nothing but the scars and deformity of the nose to testify of his recent "*dilapidated condition.*" This patient was manifestly of a scrofulous diathesis. He now enjoys good health. Is not this case sufficiently well characterized to entitle it to a place among the diseases which are produced by those southern prescriptions, that indicate

"the lamentable want of science" which prevails in that region? If this be a correct classification, how shall we explain the *rationale* of the cure, except by the *homeopathic* aphorism, "*similia similibus curantur*," which, rendered into the vernacular, means neither more nor less than that "the hair of the same dog that made the wound will cure the bite."

The effects of mercurials, exhibited in large doses or long continued, have been repeatedly observed, frequently described, and are well understood. We are told by those who have had experience in this matter that large doses produce "a peculiar taste, increased moisture, redness and tumefaction of the gums, an augmented flow of saliva, tender and swollen salivary glands, and a disagreeable odor of the breath." If a larger quantity has been taken, or the medicine be long continued, we have "pain and tumefaction of the gums, tongue and parts adjacent, difficulty of swallowing, a peculiar fetor of the mouth, and a flow of saliva, amounting in some cases to several pints in the course of a day, attended by debility and emaciation. If the mercury be still persevered in, the mouth becomes ulcerated, the teeth loosened, and alarming symptoms indicating a peculiar affection of the nervous system ensue; and to these may be added nausea, vomiting, perspiration and increased flow of urine." In these symptoms we have the immediate effects of excessive doses of mercury; but they are seldom seen except in neglected cases, or in individuals possessing some peculiar constitutional idiosyncrasy. "There are persons in whom mercury, incautiously used, will produce a dysenteric affection, with tenesmus, feeble pulse, and intestinal ulceration. There are others who cannot bear mercury in any form; as soon as ptyalism shows itself, there is great prostration of strength and pulse, with fainting—followed occasionally by an ague, in which the cold stage predominates, the pulse is small and quick, the stomach and bowels disordered, the countenance fallen, with great disinclination to motion, in which situation some have, from quick exertion, suddenly expired." In this whole catalogue of ills, if lues and scrofula be absent, "the tables of the skull are" not "perforated," the nose is uninjured—no ulcerations of the throat, nor is there any resemblance to that "disgusting spectacle" which Professor Chapman has exhibited to us. Yet these are the symptoms attributable, by the first men in the profession, to over doses of mercury.

Among the remote effects of this drug, Dr. Christison mentions a vesicular eruption (*eczema mercuriale*), which is attended by fever, cough, some difficulty of breathing, and has terminated fatally. In the worst cases a copious discharge ensues; the epidermis, together with the hair and nails, falls off. "The effects which follow a long-continued application of mercurials may be seen in *miners, gilders, looking-glass and barometer makers, chemical manufacturers, &c.* In them it produces a kind of shaking palsy, gradual in its progress, beginning with tremors and convulsions, which generally attack the arms, with loss of memory, great restlessness, dry and brown skin, pulse slow, the patient becomes delirious, and sinks if not removed from the source of his malady. The miners of Almaden and of Idria furnish frequent specimens of this form

of mercurial poisoning; their teeth loosen, the salivary glands swell, pustular eruptions and tremors ensue."

In a note appended to Hunter's work on Syphilis, we find the following. Speaking of the injurious or poisonous effects of mercury, he says, "there are two forms, acute and chronic—the first we have already described." Of the chronic, he holds the following language. "In the second form, the derangement may be less immediately dangerous, but it more extensively pervades the whole system, and is more permanent. There shall be no palpitation of the heart, but the pulse shall be small and accelerated; there shall be loss of sleep and of appetite, a sallow paleness of the countenance, often a loaded tongue, and always great debility and emaciation. The general aspect shall be that of extreme ill health. If this state be allowed to continue, other symptoms indicative of general cachexia will supervene. There will be scrofulous enlargements of the glands, rheumatic pains in the limbs, or languid inflammation of the joints, having something of a scrofulous character. The ulcerative will everywhere supersede the adhesive process. This state of constitution, if once fully established, is not easily corrected. Years frequently pass before all traces of it are removed. It is the result, not so often of an *inordinate* dose of mercury continued only for a short period, as of a long and obstinate perseverance in the exhibition of *moderate* doses, notwithstanding evident signs of deteriorated health and diminished powers." Dr. Coles corroborates this opinion, and states, of *small* doses, that "what was considered an indulgence to the scrofulous habit, ultimately proved to be the source of the principal mischiefs which have been observed when mercury was administered to scrofulous patients," for the cure of syphilis.

John Hunter, in his work on Syphilis, makes the suggestion that mercury would develop *nodes*, *scrofula* and *rheumatism*, and from this the profession were averse to the use of this article in scrofulous habits. That this suggestion is incorrect, we infer from the fact, that some of the best writers of the present day treat both scrofula and rheumatism, successfully, with mercurials. Dr. Coles says he has never seen nodes produced by this article, and we are more than half inclined to believe that most of the symptoms above enumerated, as the consequence of an excessive or improper use of mercury, are never developed except syphilis be present, for it is manifest that little of this danger is apprehended from the use of mercury in other diseases, or writers would not have passed over so important a matter, and only mentioned the poisonous effects of this drug when treating of syphilis alone. What physician of the present day hesitates to give mercury in any case where it is indicated? Does he stop to inquire whether scrofula be present? No, even in those cases where the existence of scrofula is obvious, yea, well developed, they have no reluctance to prescribe this powerful remedy if the disease require its use; and it is well understood that syphilitic patients may be safely and speedily cured by mercurials, without prejudice to any scrofulous symptoms with which they may happen to be affected.

From these views, taken from others, as well as our own observation, we are satisfied that the symptoms described by the Professor are the legiti-

mate consequence of syphilis or scrofula; and in a case of the latter, such symptoms will seldom be seen, except developed or aggravated by the former, or in cases where mercurials have been withheld or sparingly given for the cure of lues. Can any one read Hunter, Ricord, Coles, or any other writer, on syphilis, of recent date, and doubt for one moment where to place the Professor's cases? If so, it is high time some of the "magnates" of the profession should give us the characteristics by which we may make a correct diagnosis between mercurial and syphilitic disease.

We now appeal to the physicians of the South to say if these cases are as numerous in that region as the Professor would intimate. If *daily patients* can wend their way to Philadelphia to consult Professor Chapman, in the locality from whence they came this form of disease must be as common as intermittent in a miasmatic region. If this be the case, we opine that the deterioration of morals among that people would call for longer and louder lamentations than the "want of science" in the profession. A few more compliments, of this character, bestowed on the profession and people of the South, will in a short time produce a state of feeling towards the Professor and the honorable and ancient school with which he is connected, which will not be envied by other professors and institutions located around her.

The motives which have influenced the Professor to permit this paragraph to go forth without qualification or explanation, are truly inconceivable. We cannot for one moment suppose Professor Chapman to be unacquainted with the symptoms, progress and treatment of syphilis or scrofula; and it cannot be possible that one, occupying the elevated station in the profession he does, can desire the unenviable reputation of "expelling mercury from the bones," by which he may monopolize the chronic diseases of the South, and secure to himself a *lucrative* practice among the nabobs of that region. His long occupation of the chair of Theory and Practice forbids the former conclusion, while his standing, his practice, his income, and his views upon the *modus operandi* of medicines, as certainly repudiate the latter. We are therefore reluctantly compelled to the conclusion that he is entirely regardless of the *character*, *credit* and *prosperity* of the medical profession. We are justified in this opinion by the fact that this is not the first instance in which he has manifested this feeling. SWAIM'S PANACEA is a standing monument of his want of propriety, and of his perfect disregard to the honor of the profession and the rights of his brethren.

ARETÆUS.

Portsmouth, Ohio, Dec. 7, 1842.

#### MEDICAL DELUSIONS.

"In reason's injured cause alone I plead,  
 'Tis yours to judge; nor I that judgment fear,  
 If truth be sacred, and if virtue dear."

To the Editor of the Boston Medical and Surgical Journal.

SIR,—Under the caption of "Vindication of the claims of Homœopathy," in your Journal of Nov. 23d, a very good-natured metropolitan

writer has avowed that—"The basis of its [homœopathy] theory is correct, its principles sound, and its operations and results are generally good and efficient." There are two positions assumed in this announcement: 1. That the theory and principles of homœopathy are *sound* and *correct*. 2. That the result of the practical application of these principles "is generally good" and therefore "efficient." I have neither time nor a wish to examine the truth of these positions in detail. Several suggestions only on these points, and on some other parts of "the vindication," will suffice for the present.

Pathologically, all chronic diseases are regarded by Hahnemann, the great founder and expositor of homœopathy, as being caused by *sypilitic poison*, *sycosis*, and the *psoric principle*. This latter principle is regarded as the most prolific cause of disease. To the principal class of diseases induced by this *itch-agent*, belong hysteria, palsy, dropsy, cancer, &c. By this process the gordian knot of disease is triumphantly severed. Anatomy, pathology, physiology, and, indeed, all that is truly scientific in relation to the functions or lesions of the organs and tissues of the human body, are expunged from the study of medicine by the "*sound and correct principles*" of this novel and transcendental scheme. The vital principle, according to the theory of homœopathy, like the *Archeus* of Van Helmont, exercises dominion over the human frame in health and in disease. When its healthy action is disturbed, for instance as by the *itch-poison*, it is shown by obvious manifestations or symptoms of disease. These are to be thwarted or cured by the introduction of some specific therapeutic agent, whose influence on the system is analogous with the existing disease. Hence results the quintessence of the thing—" *Similia similibus curantur*." Practically considered, this principle is equally applicable in some of its essential features to *Thomsonianism* as to *Hahnemannism*. In the former instance, as *heat* is regarded *life*, and *cold*, *death*, to relieve a patient suffering with an inflammatory fever he would necessarily have to be *heated* to be cured; while the homœopathist, governed by his *sound principles*, that is, that "*like cures like*," must apply some medicinal agent possessing a sameness of character.

The homœopathical therapeutics, which constitute a part of its principles, is still more curious and remarkably precise than its pathology. According to the system of homœopathy, each medicinal agent displays its power as a specific substance. The influence produced by each article on the system appears to depend on the smallness of the quantity administered, together with the fineness of its integrant particles. The strength of medicines increases with their exiguity. And thus it is that articles which have ever been considered either inefficient or inert, have become transmuted, by "*sound principles*" of homœopathy, into active and efficient medicines, having definite and appreciable powers. Not only the exact power and quality of medicine is determined, but the relative proportion which one article bears to another has been ascertained with mathematical certainty. Jahr tells us "*that the decillionth of a grain of flint, or charcoal, or cuttle-fish juice, is of equal efficacy with the same quantity of arsenic or strychnine*." How precise! Who questions the correctness of the conclusion? And yet, how much like a

non-entity it is. Who, but a profound homœopathist, could have detected such accurate distinctions? Certainly, none but the *erudite* and *faithful* of the sect could ever have been led to the use of such doses of medicines as are advised by the homœopathical standards. Two or three examples will suffice. Thus—charcoal is to be given in *one* or *two decillionths* of a grain; tartar emetic, *two billionths* of a grain; ipecacuanha, *two* or *three millionths* of a grain, &c.

It is peculiarly unfortunate for homœopathy that it had not come into existence in the days of *Bishop Berkeley*. His notion that there is no such thing as material objects, "that the commonly received opinion of the existence of matter is false and inconsistent with itself," would have received strong confirmation by the effect of "*two decillionths of a grain of charcoal*," or *the three millionths of a grain of ipecac*. Coarse matter could never have accomplished such "*good and efficient results*" as those represent who have had "*actual experience*" in this mysterious matter. Surely the huge world upon which we tread is nothing but a spiritual essence; and Berkeley was right. "Those things which are called sensible, material objects, are not external, but exist in the mind, and are merely impressions made upon our minds by the immediate act of God." Homœopathy claims our assent on account of its spirituality. It deigns not to reveal its sanative mystery in the habiliments of ordinary matter. By the process of exiguity, if spiritualization be not attained, it must be nearly approached. The effects produced on the human system by the exhibition of "*the decillionth of a grain of flint*," homœopathically prepared, inevitably forces upon the mind the idea of an *immaterial essence—a spirituality*.

Strange it is, and it is passing strange, that a system so "correct" in "theory," so "sound" in "its principles," and "good" in "its results," should have eluded the ken of all preceding ages. But the secret is out at last; and the cause of this long delay is explained in the "vindication." "But," says the writer, "without you have had *actual* experience, you are totally incompetent to tell anything about it." "Many, very many err from this same cause, and say homœopathy is all the working of the imagination. But it is no *such thing*—it is no *chimera*—no *fiction*." If it be a fact that none but such as have had *actual* experience in these *infinitesimal doses* can "*tell anything about it*," it is certain "*many, very many will*" continue to "err from the same cause." For it is morally sure that there are but few in the profession who will risk either themselves or patients in a severe disease to be cured by the use of only such magically minute doses of medicine as to amount to *nothing*. The presumption is more probable that there are more who are willing to be called *homœopathists* for the sake of gaining a *temporary notoriety*; and most of these "*clever rogues*," as Dr. Johnson calls them, will be equally willing to practise either *allopathically* or *homœopathically* to suit their employers. "So far," says Dr. Capen, the writer of the vindication, "I have been able to manage all my acute cases much easier homœopathically, than I ever could allopathically, which I practised about twenty years with the usual success." Of the truth of this averment we have no reason to doubt, and we strongly suspect that

there may be other allopathic practitioners who would have equal success were they to adopt, as principles of practice, *homæopathy*, *Mesmerism* or *incantation*. Successful medication requires the therapeutic appliances to meet the pathological condition of the system. "I know of no medicine except what becomes such by adaptation," was the aphorism of the medical patriarch of Leyden.

J. A. ALLEN, M.D.

Middlebury, Vt., Dec. 8th, 1842.

[To be continued.]

### ON THE USES OF BELLADONNA.

[Communicated for the Boston Medical and Surgical Journal.]

THIS plant is well known to possess some specific powers, differing somewhat from all others. It has a controlling influence over the nervous powers, dilating the pupils of the eyes when taken internally or applied externally; but its power to arrest the secretion of milk in the female breast is among the most important which it possesses. If the mamma, one or both, be covered with the leaves ten days or more, beginning on the day of the accouchement, no milk will be secreted, in many instances preventing mammary abscesses. When properly applied to one breast alone, it completely prevents secretion in that, while the other secretes abundantly. From ten years' experience in the use of it for this express purpose, I know it to be so. If I wish to stop the secretion of milk at any time, it is easily done; and to do this most effectually, I take two ounces of the leaves, soak them in rum and water a little above blood heat, spread them on a cloth, over the whole lay a thin gauze, and all kept in place by quilting them well together. Thus prepared, it is to be spread over the mamma, and the whole to be supported by a suspensory bandage, passing over the neck and under the breast, keeping it constantly warm and moist. As it occasionally happens that milk cannot be drawn from a breast when secreted, giving origin to suppuration, this remedy then becomes an invaluable one by using it before the secreting powers begin to operate. I will give one example.

Mrs. M. gave birth to her first child when about 26 years old, and during this confinement a mammary abscess occurred, involving in the disease the most of the gland, and her breast was lanced seventeen times. With her second child, no milk could be drawn through the nipple by any means whatever. In her third accouchement I, for the first time, attended on her, when she told me of her previous misfortunes, and expressed great dread of what must follow. On the evening of her confinement I applied the belladonna, and kept it on ten days, defending her linen with oiled silk; and not any milk was secreted in this breast, while the other secreted well. This took place in 1832. In 1834 and 1836 she used the same remedy for the same purpose, and with like success.

Lowell, Dec., 1842.

DANIEL MOWE.

P. S.—In this communication I wish to say I accidentally ascertained that in case of metastasis of mumps in females, the ovarium becomes

affected instead of the mamma, which suffers only sympathetically with the ovarium. D. MOWE.

## ON THE LOCATIONS OF THE FUNCTIONS OF THE BRAIN.

[Translated for this Journal by JOHN F. MAY, M.D.—Continued from page 351.]

THE gnawing animals form a group so refractory to the doctrine of locations, that they alone are sufficient to authorize the following conclusions—1st. Either the general or partial mechanism of the animal invariably explains the diversity in the forms of the head. 2d. Very often these forms do not in the least agree with the system of Gall. Such are the conclusions which we shall now see confirmed by a few researches in regard to carnivorous animals.

Among this class we have already said that the cranium of the polecat (*la fanine*) and weasel is broad behind, and narrow across the temples; yet no one will pretend that these animals are much inclined to friendship. The domestic ferret does not attach itself to its master, but will frequently bite at him when an opportunity offers, and for this reason hunters are cautious even in touching them. No one, we presume, will therefore deny that the ferret is of a sanguinary disposition; and yet the narrowness at the temples is in strong contrast with the breadth at the posterior portion of the cranium.

But we may be told that the brain of these animals does not differ enough from that of other carnivorous animals to overthrow the essential part of the doctrine of locations. The cone which it represents is in truth more elongated; but its broadest part, besides being tolerably near the temples, can it not be considered as the seat of cunning and destructiveness? We reply: "Your distinctions of organs do not rest upon differences of texture, for the surface of the cerebral hemispheres is everywhere similar. They are based entirely upon differences of position. If, then, in order to render the exceptionable forms of certain crania of carnivorous animals conformable to your laws, you transpose the phrenological organs, you renounce at once your only fixed point, and necessarily fall into the indefinite. Moreover, since your minute divisions have in advance disposed of the whole extent of the encephalic hemispheres, by assigning such a position to cunning, and such a one to amateness, friendship, &c., you can displace nothing for one particular species, without introducing confusion and disorder into your science. The impossibility of translocation being therefore once established, we shall now seek, upon your principles, to determine the seat of the carnivorous propensities in weasels and ferrets."

These propensities reside in the parieto-temporal region; but as this includes the whole space from the forehead to the occiput, it is necessary, for the purpose of being understood, to arrive at a more precise determination. The region of which we are speaking presents, in all carnivorous animals, two portions which are very distinct: the one situated either in front or above the zygomatic process (*racine*); the other, poste-

rior to this process. In animals which are elevated upon their extremities, and which have the cranium short and globular, the first of these portions, more extensive and more bulging, corresponds largely with the hemispheres, whilst the second is depressed and lost in the ossification of the occipital ridge: the first, which ought alone to be considered as the seat of carnivorous propensities, is invariably determined from its relations with the zygomatic apophysis. In the weasel and ferret this supra-zygomatic region of the parietal and temporal bones corresponds to a narrow portion of the brain, whilst the posterior region is broad and full; from whence arises the feeble proportion of the pretended organs of the carnivorous animals and the predominance of those which are seated at the posterior part of the parietal bones. These last are friendship, inhabitativeness, circumspection, &c., which in the large carnivorous animals are compounded with the bad instincts under the same uniform fulness; whilst in the longer head of the ferret and weasel, the good and bad propensities present two very distinct expressions under two different conformations; viz., breadth of the parietal behind for the first, and narrowness at the temples for the second.

We were then authorized in establishing, at the commencement of this paragraph, that if we examine the cranium of these last animals in a phrenological point of view, we are forced to avow that its conformation attests rather gentle affections than sanguinary propensities.

We have entered, we acknowledge, into details which are somewhat minute; but the doctrine of locations being essentially of a minute nature, it was necessary that we should enter into it with the same spirit, or run the risk of finding it intangible. When a micro-graphist announces the wonders of an invisible world, in order that we may follow him and judge well his assertions, we must likewise arm ourselves with a microscope.

The form of the cranium of the weasel and ferret, so contradictory to phrenology, is very easily explained by their mechanism, when we consider that these small animals, having like mice short extremities, should have the cranium long, broad behind, and narrow at the temples. This explanation is so much the better supported, inasmuch as certain carnivorous animals, analogous in many respects to those of which we are speaking, but whose attitude is higher, resemble in the form of their cranium the greyhound and fox; such are the pole-cat, the marten and otter. In proportion as the animal is elevated in stature, the cranium becomes shorter and fuller in the supra-zygomatic region. The latter is more depressed in the ferret and weasel than in the rabbit and beaver; and yet the two first animals, as ferocious as the tiger, destroy even beyond their wants; but as they move in a creeping manner, with the body near the ground (*ventre à terre*), their head should be broad behind and narrow across the temples, for reasons that have already been given. It is also the same with certain rats of a ferocious nature, as the field and German rat. All these species have a jaw whose length makes up the deficiency of breadth, and which, notwithstanding the relative narrowness of the temples, articulates without difficulty with the base of each zygomatic apophysis.

In returning to our subject, we shall now find that the locations which thus far in succession have been overthrown, are as follows: Inhabitativeness, Philoprogenitiveness, Friendship, Constructiveness, Destructiveness, Cunning, Courage. A few reflections on the cranium of carnivorous types, will now demolish the whole system at once.

In the carnivorous types, the details of the form of the cranium are explained as much by the attitude as by the power and breadth of the inferior jaw. The lion, the wolf and the cat are remarkable for the violence of their dispositions, the manifestations of which only vary more or less. And remark, that in these variations we do not see corresponding differences in the relation of the temples with other parts of the cranium; thus the cur dog (roquet) and the hyena have phrenologically the same proportion of destructiveness and courage. Whatever may be, moreover, the faculties superadded to primitive instincts, the relation of the diverse parts of the hemisphere do not change from one species to another, and the apparition of new sentiments is connected with the increase of the whole, and not with the isolated augmentation of one of its parts.

Among the *pachidermata*, the horse seems to be distinguished by vanity and emulation; the ass by constancy; sentiments which are attributed to that portion of the hemisphere which corresponds to the arch of parietal bones. But this arch not existing in the solipeda, on account of the presence of a parietal ridge, where will the predominant faculties of these animals be placed? The phrenologists fall into the indefinite whenever they transpose their organs; let us hope that instead of trying to do this in the present case, they will agree with us that the head of the horse and ass are decidedly anti-phrenological. If they desire an explanation of the form of their heads, they will find it in the small volume of the brain, the power of the temporal muscles, and the development of the jaws.

In passing to *ruminants*, we see a class of animals in whom the form of the cranium, very different from that of carnivorous animals, is explained by mechanical necessities relative to mastication. The wild or domestic ruminants are generally mild, peaceable, and inoffensive; but there are some more courageous and fierce than others, in whom there is no difference in the form of the brain; such are the buffalo and the bull. I have already said that the cranium of the camel (*camelus bactrianus*) bore no resemblance to that of other ruminants; it is distinguished from them, in fact, by the presence of an inter-parietal ridge, and by the length of the bi-temporal diameter. According to the principles of phrenology, the animal of which we are speaking should be more courageous and fierce than the buffalo; but it is of all ruminants the most anciently domestic, because it is naturally the mildest and most docile.

Thus contradictory to phrenology, the form of the cranium of the camel accords very well with certain mechanical conditions. Thus for the breadth of the temples, there is a corresponding jaw, broader than in any of the other ruminants; for in a dromedary of middle stature, we found from one condyle to the other 17 centimetres of measurement, and 13 only in an adult buffalo, whose head was nevertheless much more voluminous. Again, the presence of an inter-parietal ridge indicates the

power of the temporal muscle, which seemed to us to be connected with a peculiar conformation of the masticatory apparatus.

All the ruminants have inferior incisors, but most of them want the superior; so that mastication in the majority of them is exclusively performed by the molares and the pterygoid muscles. The temporal and the masseter, whose action bears particularly on the anterior teeth, are almost in a rudimentary state. Therefore we observe in these animals (whatever may be the size and proportions of the face), an extreme tenuity of the zygomatic arch and an entire absence of the parietal ridge. On the contrary, in the camel and dromedary, when the presence of both superior and inferior incisors indicates the importance of the anterior portion of the masticatory apparatus, we observe at the same time a parietal ridge and a strong zygomatic arch, proving the energy of the temporal and masseter muscles. Observe that in the lama (*camelus lama*), the diminution of the anterior teeth coincides with the disappearance of the median ridge, which is replaced on each side by a slightly salient line. Thus do we see the special forms of the cranium, in a family of the ruminants, explained by the exceptional conditions of mastication. When we had proved this fact, we did not seek for the utility of such an anomaly among ruminating animals. We know that on the limits of the diverse families of animals, nature has cast intermediate beings, which, although possessing the marks of an ulterior group, yet preserve some of the characteristics of the preceding order; and it is to these vestiges of organization of another type, generally superfluous in transitory animals, that we ascribe the special dentition of the camel. We had for a long time observed that their cranium resembled that of the horse, in the parietal ridge, which faithfully indicates the energy of the temporal muscle. Upon reflecting on this fact, it occurred to us that this first resemblance might correspond with some other analogy yet unknown, in the passive instrument of mastication. We discovered such in the superior incisor teeth, unknown to the ruminants with horns, but common to the horse and camel, and we considered this as a transition of the solipeda to the ruminants.

As all the anatomical conditions which assist in the performance of the same function are necessarily harmonious, we asked ourself if the stomach, whose structure has a constant relation with the state of the dental system, did not present in the camel a transitory organization. But a slight research was sufficient to apprise us, 1st, That the greater part of ruminants have sharp and resisting papillæ on the mucous membrane of the three first stomachs; 2d, That the camel and analogous animals do not present this disposition, as the internal membrane of all their stomachs is soft and velvet-like, as in the horse and most of the mammalia; 3d, That in these same exceptional ruminants, the paunch, analogous to the simple stomach of other animals, is more capacious than all the other stomachs united, whilst the types of the group have these last very much developed. (Vide Cuvier, Comparative Anatomy, book iv. 2d part, p. 69 and following.) The organic conditions which distinguish the stomachs of the camel from those of other ruminants, evidently are owing to differences of the dental system; and these, notwithstanding an identity of hab-

its, produce, from mechanical necessity, important differences in the form of the cranium.

Among the *quadrumana*, the cranium of the lemurs, which is very analogous to that of cats, is particularly distinguished by the fulness of the temples; and yet "the mocoek (*lemur catta*) possesses a gentle disposition, and although it very much resembles the monkey tribe, has neither the habits or the malice of it." (Buffon, Natural History.) But as it has the jaw broad, it ought also to have the cranium enlarged about the temples. On the contrary, the ferocious mandril, and the malicious and indocile baboons, do not present this conformation, simply because they have the jaw narrow like man.

Thus in the *quadrumana*, as in all the mammalia, the brain and the cranium are refractory to phrenology whenever the protuberances relative to the dominant instincts are contra-indicated by mechanical necessities.

[To be continued.]

#### SURGICAL CASES AT THE ALBANY MEDICAL COLLEGE.

[Communicated for the Boston Medical and Surgical Journal.]

*Dr. March's Surgical Clinique, Saturday, December 24, 1842.* [Case 1, before presented.—2, do.; compound fracture of the fore-arm; another small portion of necrosed bone extracted.—3, fracture of radius, near carpal head; dressed by compresses, splint and roller.—4, the case (I. D.) of contracted flexors of the hand and wrist, which has been treated by continued extension, but with little success.—5, ulcer of the neck, with obstruction of the catamenia, in a girl æt. 15, of strumous constitution. Edges of ulcer pared and approximated by adhesive strips, and tinct. guaiac. comp. ordered.—6, angular distortion of dorsal vertebræ; patient æt. 38. Caustic potash on each side of projecting spine, to produce issues.—7, an infant, before presented, with talipes varus of both feet, one of which was then operated upon, and is now much improved; the other operated upon to-day.—8, enlarged tonsils, removed.—9, congestion of retina, before mentioned. Vision now perfect.—10, synovial inflammation in right knee of a female aged 12.—11, the patient operated on last Saturday for strabismus by Gerraud's method. The pupil is surrounded by ecchymosis, but incision in conjunctiva is imperceptible.—12 and 13, enlarged tonsils, excised.—14, chronic ophthalmia.—15, inflammation and enlargement of tarsal joints. Iodine externally, and compression by adhesive strips.—16, ulcers of leg, with core of dead cellular tissue.—17, distortion and caries of the spine and ribs, the result of scrofulous constitution, in a boy æt. 12.—18, varicose ulcers of the leg for the last 14 years. "Doctor March performed the operation of obliterating the saphena vein by passing pins beneath it and applying ligatures from end to end across the vein. He has operated with perfect success in this manner in other instances."—19, dislocation of shoulder six weeks since. "An attempt was then made to reduce it, which failed. To-day, by the application of the pulleys, the bone was finally reduced."]

## AID FOR THE LUNATIC, BLIND, DEAF AND DUMB, FROM CONGRESS.

[Communicated for the Boston Medical and Surgical Journal.]

Mr. SMITH, of Indiana, proposed last July, in the United States Senate, that Congress should grant to each State one section of the public lands for the endowment of hospitals, schools, &c., for the insane, the blind, and the deaf and dumb. The bill was not carried through, on account of the lateness of the season; but Mr. Smith assured us that he would again bring up the proposal this winter, and we have the assurance of other members of Congress that it shall have their hearty support. We earnestly hope this measure will be carried, and that while the government have been giving aid to the sound, the hearty and the seeing, they will not forget those, who, without the aid of the more favored, must live in darkness, or be outcasts of society.

We have an awful burden of insanity upon us now, from which we cannot escape, and the only means of relief is in the establishment of hospitals for cure. But this cannot be done in the southwest, in the new States. They are too much involved in debts to build any schools or hospitals; and yet their blind and their insane multiply upon them, in spite of their inability to provide for their restoration.

E. J.

## BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JANUARY 4, 1843.

## THE GOOD PHYSICIAN.

THIS is the title given by Dr. Thomas D. Mitchell, to an introductory discourse given by him at the Transylvania Medical School, in which he is a professor, at the opening of the present session. He very carefully points out those traits which are strictly characteristic of the good physician, and with equal candor exposes the dark traits of an improper one. As a whole, it is excellent, and should be kept for future reference, since this kind of writing is becoming an important part of the medical literature of the country. For the purpose of reminding the reader of the peculiar accuracy of the great master spirits of American medical science, the following account is transcribed from Dr. Mitchell's pamphlet. Although detached, and its connection broken from the chain of reasoning to which it legitimately belongs in the discourse, it will be found interesting as exhibiting the value of *good* physicians in important and momentous affairs.

"For the purpose of corroborating our leading position more fully, it is proper to cite a case that occurred during the administration of the great and good Washington, and which excited a deep and general interest throughout the entire community. Two men were condemned to die for the crime of high treason against the laws of the United States, and soon after their confinement in the Philadelphia prison, one of them was reported to be mentally deranged. In consequence of the

increasing currency of the rumor, and its influence on public opinion, the President commissioned three eminent physicians to examine the prisoner, with the view of deciding the point in question. The persons commissioned, were the late venerable Drs. Shippen, Rush and Griffiths. After some considerable investigation of the case, it was discovered that the pulsations of the radial artery were twenty above the usual standard of health, and this deviation was such as is often met with in maniacal patients. One of the commission suggested that this increase might be the effect of fear; and therefore it was deemed proper to examine the pulse of the other prisoner, also under sentence of death. His pulsations were twenty fewer in the minute than those of his companion. This disparity, in connection with other circumstances, confirmed the suspicion of insanity, and induced a report to that effect, which resulted in a respite to both prisoners. At the termination of the period of respite, popular clamor had so far subsided, that a full pardon to both met with but little opposition. To give greater effect to the agency of this commission, it is proper to state that an ordinary practitioner, who examined the prisoner at an earlier date, declared that no symptom was present to warrant a suspicion of mental hallucination. It is scarcely necessary to add, that a pardon to such a convict, based on the opinion of three illiterate physicians, would have given birth to a political convulsion."

*Lawrence's Treatise on Diseases of the Eye.*\*—As mentioned two weeks since, this exceedingly important publication is from the press of Messrs. Lea & Blanchard. It so happens that nearly all the Philadelphia editions of medical works are well received. It is the rarest of all things to see a severe criticism upon a book, exclusively medical or surgical, from that city. The reason is obvious: the standard of medical judgment is so exceedingly good there, that a publishing house, we apprehend, would never presume to hazard an enterprise which looks to the profession for patronage, without being influenced by the advice of some of the leading scientific men in the city. Thus they are sure, when their works are sanctioned by such authority, of being ably sustained, and critics therefore find few opportunities for expressing their dissent or exposing the tricks of the trade. *Lawrence on the Diseases of the Eye*, is a finished production—the last corrections and additions having been made by Isaac Hayes, M.D., Surgeon of Will's Hospital. Besides a text of 778 large-sized octavo pages, there are sixty-seven illustrations on wood. Without circumlocution, it is positively a very superior treatise, that should have all the encouragement that the members of a liberal profession can bestow. If we neglect to purchase these elegant and excellent books, which only a very few publishers dare to meddle with, it is quite certain that medical literature and individual attainments would soon present a poverty-stricken aspect. Whilst urging this admirable and comprehensive volume upon the consideration of the reader, we would also recommend all the new and properly vouched-for books, as they are ushered in before the medical public: there is no stopping place in the collection of a library, since there is no excuse for not learning as long as we live.

\* A Treatise on the Diseases of the Eye, by W. Lawrence, Surgeon Extraordinary to the Queen. From the last London edition, with numerous additions, and sixty-seven illustrations, by Isaac Hayes, M.D., Surgeon of Will's Hospital. Philadelphia: Lea & Blanchard. 8vo. page 778. 1843.

**Portable Medicated Bath.**—Mr. Metcalf, druggist, Tremont Row, is an agent for the sale of a new invention for administering medicines, in the form of vapor, to the skin. It was brought to our notice by the recommendation of medical gentlemen of the highest respectability, viz., Drs. Knight and Ives, of New Haven, members of the Faculty of Medicine in Yale College, and Drs. Brigham, Warner, Barratt, Casey, Charles Woodward, Nye, Brewer, &c., of Connecticut. This is strong testimony, and we therefore urgently hope that physicians in this neighborhood will at once look into the advantages of the discovery. The apparatus consists of a neat chair, which can be readily covered with genteel drapery. Reservoirs for holding alcohol, by which the bath is heated, are ingeniously packed on the under side, whilst tubes are sent about in a curious manner, under the control of stop-cocks, for distributing the vapor. But those of our readers who can, must go and see it, since no description can be perfectly satisfactory.

**Horse-hair Friction Belts.**—Mr. E. Johnson, of East Boston, has commenced an extensive manufacture of horse-hair belts and gloves, designed expressly for friction of the skin. The testimony of Drs. Warren and Hayward is before the public, in favor of using these very clever articles; and common sense indicates that the activity given to the skin by a flesh brush, is conducive to health. If those persons who have sallow complexions, and slender, debilitated bodies, would make habitual use of these very agreeable contrivances, a direct advantage would often be perceptible.

**Medical Miscellany.**—It appears that many men belonging to the English invading army in China, died of the cholera.—In the department of the Seine, in France, 668 persons died of cancer of the breast in 1830, and 889 in 1840. In Paris alone, the number of deaths in 1830 from the same disease, was 505; and in 1840, not less than 779, says a late paper.—The Genesee Farmer, a quarto sheet of sixteen pages, costs but one dollar a year—and would be found a pleasant garden companion for every physician who has either a taste for, or an interest in, horticulture or general agricultural pursuits.—Dr. Merryman is in jail, at Springfield, Illinois, because he refuses to testify in the case of a duel.

**TO CORRESPONDENTS.**—Dr. Warren's remarks on Hysteria are received, and will be inserted in an early No.

**MARRIED.**—In Boston, Dr. Theodore Dexter to Miss Ann Dana.—Dr. John Hoyt, of Natick, Mass., to Miss E. C. Billings, of Sharon.

Number of deaths in Boston for the week ending Dec. 31, 46.—Males, 23; Females, 23. Stillborn, 2. Of consumption, 7—inflammation of the bowels, 1—varioid, 1—croup, 4—erysipelas, 1—infantile, 3—inflammation, 1—dropsy in the chest, 1—dropsy, 2—teething, 1—peritonitis, 1—marasmus, 1—intemperance, 2—lung fever, 3—sudden, 1—burn, 1—typhus fever, 1—abscess, 1—inflammation of the lungs, 1—smallpox, 1—scald, 1—puerperal peritonitis, 1—cancer in the breast, 1—cancer, 1—accidental, 1—ulcer, 1—disease of the heart, 1—scarlet fever, 1—nervous fever, 1.

#### NOTICE.—MASSACHUSETTS MEDICAL SOCIETY.

**CENSORS' MEETING.**—A Stated Meeting of the Censors of the First Medical District will be held at the house of the subscriber, No. 21 Pearl street, Boston, on the last Wednesday of the next month, January 25th, 1845, at 3 o'clock, P. M.  
Z. B. ADAMS, Secretary of the  
Censors of the First Med. Dist. of M. M. Soc.  
Boston, Dec. 28th, 1842. J. 4—eptom

## DR. A. G. HULL'S ABDOMINAL SUPPORTERS.

For the Relief and cure of Prolapsus and Prolapsus Uteri, and Improved Trusses for Hernia. Office No. 4 Vesey Street, New York. Agents in Boston, Smith & Fowle, No. 138 Washington Street.

"The surgeons appointed by the American Institute of the City of New York, to inspect the Surgical Instruments on exhibition at the Fair, respectfully report:—

"That they have attentively examined the various apparatus for relief and cure of Hernia and Prolapsus Uteri, submitted to them, and they are decidedly of opinion that Dr. Hull's are, in every regard, the most preferable.

"Dr. Hull's Trusses and Supporters continue to meet with the approbation of the Institute, as being superior in design, structure and efficacy to any others in use.

"Signed,

ALEX<sup>R</sup> E. HOSACK, M.D.

WM. GRAYSON, M.D.

G. J. LEEDS, M.D."

*The following Testimonials, from a large collection, show the estimation in which Hull's Abdominal Supporter is held in Europe and America.*

SIR ASTLEY COOPER, after the Abdominal Supporter had been several months under his inspection, gave the following opinion for publication:—

"This apparatus is beautiful for its simplicity; it is an acquisition to practice. The principle of its operation is quite original and perfect. I shall advise its use, and make use of it in my own practice, in preference to any thing I have seen."

In January, 1838, the SUPPORTER was presented to the Medical Officers of Guy's Hospital, London, or public trial of its efficacy. Dr. Ashwell, the Obstetric Lecturer of the Institution, makes the following statements, the one before and the other after the application of the Supporter:—

13 Devonshire Square.

DEAR SIR ASTLEY—This instrument exactly accords with the principle on which I think the disease must be cured, viz.—giving support to the vagina. I always say—Restore to the vagina its tone, and you do more to remedy this frequent malady, than by any other treatment. The support of the abdomen is excellent; and the external pressure of the perineum, narrowing a too capacious vagina, and thus supporting a prolapsed uterus, instead of doing so internally by a pessary, *cannot be too highly appreciated.*

I am, my dear Sir Astley, yours truly,

SAMUEL ASHWELL.

To Sir Astley Cooper, 39 Conduit Street.

13 Devonshire Square, London, March 17th, 1838.

Having tried Dr. Hull's instrument for the cure of Prolapsus and Prolapsus Uteri, I am glad to express a highly favorable opinion of its utility. In a severe case of entire prolapsus, lately under treatment at Guy's Hospital, it was applied with marked success. Its great superiority over the pessary, consists in its affording efficient support to the weakened abdominal integuments, and in its *external* application, instead of its introduction into the vagina. I quite think it will accomplish a permanent cure better and more quickly than the pessary.

SAMUEL ASHWELL, M.D.,

Obstetric Physician, and Lecturer to Guy's, London.

This is to certify, that I have tried Dr. Hull's Utero-Abdominal Supporter in Prolapsus Uteri, and I find it fully answers the purpose for which it was intended; it gives a feeling of instant relief and a most agreeable support to the patient.

EDWARD RIGBY, M.D.,

Lecturer to St. Bartholomew's Hospital, London.

I have recommended Dr. Hull's Utero-Abdominal Supporter in cases of Prolapsus Uteri—and have much pleasure in stating the very high opinion I entertain of its superiority over the instruments ordinarily used in these troublesome and inconvenient affections.

I am, Sir, yours truly,

WM. GRIFFITH, M.D.,

Lecturer to Westminster Hospital, London.

In London, the following gentlemen of the profession publicly sanction Hull's Abdominal Supporter:

F. H. RAMSBOTHAM, M.D., Lecturer on Midwifery to London Hospital. Robert Lee, M.D., Lecturer on Midwifery to St. George's Hospital. Robert Ferguson, M.D., Lecturer on Midwifery to Westminster Lying-in Hospital. Dr. Sweetman, Lecturer on Midwifery to Middlesex Hospital, and senior Accoucheur to Queen Charlotte's Lying-in Hospital. Sir Astley Cooper, Sir Benjamin C. Brodie, Sir James Clark, Dr. Conquest, Dr. Jas. Blundell, Dr. H. Davies, Dr. T. Watson, Dr. Holland, Dr. Cape, Dr. Chowne, Dr. Ryan, Dr. Bloxham, Dr. D. Davies, and many other eminent practitioners.

In Paris, the Supporter has been introduced into hospital and private practice, under the public and written sanction of Moreau, President of the Académie de Royale de Médecine, and Accoucheur to the Duchesse d'Orléans; Professors Velpéau, Paul Dubois, and Marjolin.

In Boston, it has been recommended by J. C. Warren, M.D., Professor of Anatomy and Surgery, Harvard University. John Ware, M.D., Professor of Theory and Practice of Medicine, Harvard University. E. Hale, M.D., Physician Mass. General Hospital. Drs. J. V. C. Smith, W. Strong, Walter Channing, Snow, Otis, Flint, Clark, and other distinguished physicians.

In New York, by Professors Delafield and Stevens of the College of Physicians, Professors Valentine Mott and Bedford, Drs. Neilson, Perkins, Doane, Bibby, Kissam, Anderson, Thomas Boyd, Vaché, David Rogers, David L. Rogers, Gilbert Smith, Hosack, Ludlow, Stearns, John W. Francis, Mead, Bliss, Francis U. Johnson, Laurens Hull, Professors Reese and March, Albany Med. College, Professor McNaughton, of Albany, and others.

The Medical Society of the State of New York, at its annual session, (Feb. 1838) appointed a committee to examine into the merits of this instrument; who state in their report, "That they have had the same under consideration; and from the certificates of eminent surgeons who have made ample trials of the Supporter, they have no hesitation in recommending it to the profession, and in expressing their belief that it will in most cases supersede the use of pessaries."

ET The above Abdominal Supporters can be seen on application at this office. Prices, 6 and 8 dollars.

O. 12—cop6m.

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